



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

Controlled Substance Registration Instruction Sheet

1. Who requires an Idaho Controlled Substance Registration? Idaho Code Chapter 27 Title 37.37-2716 states "... Every person who manufactures, distributes, or dispenses any controlled substance within this state..."

2. Qualifications for registration:

- a. Applicants must possess a valid, unrevoked, and unsuspended license to practice their profession in the state of Idaho.
- b. Applicants must hold a valid Drug Enforcement Administration (DEA) registration.

3. If the Applicant:

- a. Currently holds a valid DEA registration from another state and is applying for a new Idaho CS registration:
 1. Fill out the Idaho CS application completely.
 2. Attach a copy of your Idaho professional license
 - ◆ Physician Assistants must attach a copy of the prescriptive authority approval from the Board of Medicine.
 3. Attach a copy of your valid DEA registration
 4. Attach one of the following for out of state address on DEA certificate:
 - a. Completed DEA change of address form – *To avoid delays in mailing and issuance be sure the effective date is the date you want your address changed and that your mail will be deliverable*
 - b. Letter attesting to locum tenens status, must include location and inclusive dates of assignment (*locum tenens is one assignment not to exceed 60 days*)
5. Include a \$60.00 check for the registration fee.

Do not fax or mail documentation or registration fee separately. All documentation must be submitted with the application. Approximate licensure time is 5 – 10 working days.

b. Does not hold a valid DEA registration:

1. Download and complete an Idaho controlled substance application. Apply for DEA registration on their website at http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm .
2. Attach a copy of your Idaho professional license and a copy of your completed DEA application to the Idaho controlled substance application. Physician Assistants must include their letter granting them prescriptive authority.
3. Include the payment of fees with each application
4. Submit the Controlled Substance Registration application and fee (\$60) to the Idaho Board of Pharmacy
5. Submit the DEA application and fee (\$551) to the DEA office indicated on the application

The Idaho Controlled Substance Registration and the DEA Registration will be issued at the same time. Licensure time for those that do not currently hold a DEA certificate is dependent on DEA.



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CONTROLLED SUBSTANCE REGISTRATION APPLICATION - FEE \$60.00

Name: _____ SS#: _____

Date of Birth _____ Home Phone: _____

Complete Home Address _____

IDAHO Practice Address *Include + 4 zip*: _____

Office Telephone: _____ Office Fax: _____

Idaho Professional License: _____ **ATTACH COPY**
(DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE YOUR PROFESSIONAL LICENSE)

Current DEA Registration: _____ Expiration _____ **ATTACH COPY**
(IF PENDING, WRITE PENDING IN THE ABOVE BLANK & ATTACH A COPY OF THE COMPLETED DEA APPLICATION)

IF OUT-OF-STATE ADDRESS ON DEA REGISTRATION, DO ONE OF THE FOLLOWING:

1. Locum Tenens: Submit letter attesting to locum tenens status; include location and length of assignment.
2. Complete DEA address Change request form and include with this application - **To avoid delays in mailing and issuance be sure the effective date is the date you want your address changed and that your mail will be deliverable**

PERSONAL DATA

- I have ____ I have not ____ been diagnosed or treated for any: mental illness, alcohol or substance abuse or physical condition/s that would impair my ability to perform any of the essential functions of my profession.
- I have ____ I have not ____ been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state.
- I have ____ I have not ____ had a professional license suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation).
- I have ____ I have not ____ been found guilty, pled guilty, convicted of or received a withheld judgment or suspended judgment in connection with any felony; misdemeanor involving pharmacy or drug laws, statutes, or rules pertaining thereto for the state of Idaho, or any other state or federal government; OR any act involving moral turpitude, gross immorality or which is related to the qualifications, functions or duties of a licensee.

If you checked "I have" to the above, you must provide all related documentation

SIGNATURE: _____ DATE: _____

I certify the information contained in this application is true and correct to the best of my knowledge. Idaho Code 37-2734 (a) It is unlawful for any person knowingly or intentionally: (4) to furnish false or fraudulent material information from, any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act.